

## Comparison of Dental Care Options

<b>Covered Services</b> <i>(does not apply to members represented by MSPTA T01)</i>	<b>State Dental Plan</b>	<b>DMO Plan</b>	<b>Preventive Dental Plan</b>
Diagnostic Exams and Consultations (2 per year)	100%	100%	100%
Preventive Services			
▪Teeth cleaning (3 per year)	100%	100%	100%
▪Topical fluoride (under age 19)	100%	100%	100%
▪Space maintainers (under age 14)	100%	100%	100%
▪Sealants (under age 14)	50%	100%	Not Covered
Radiographs	90%	100%	Not Covered
Brush Biopsy	100%	N/A	100%
Oral Surgery	90%	100%	100%
Extractions	90%	100%	Not Covered
Minor Restoratives	90%	100%	Not Covered
Major Restoratives	90%	100%	Not Covered
Endodontics	90%	100%	Not Covered
Periodontics	90%	100%	Not Covered
Prosthodontics	50%	100%	Not Covered
Prosthodontics Repair	50%	100%	Not Covered
Orthodontics Up to age 19 19 and over	60% 60%	100% \$1,250 co-pay	Not Covered Not Covered
Benefit Maximums Annual (Oct. – Sept.) Lifetime Orthodontics	\$1,500 \$1,500	None None	None N/A

This benefit summary is a brief explanation only. All plan provisions (including exclusions and limitations) are subject to the specific terms of the State and Preventive Dental Plans and the Group Dental Services Agreement (Midwestern Dental Plans, Inc.).